SERIAL NUME	BER	FILING DATE	l GRC	OUP ART UNIT	ATTORNEY D	OCKET NO.		
09/034,553		03/03/98	CLASS 607		3736	1794-B-		
		00,00,00						
STUART D. EDWADS, LOS ALTOS, CA; THOMAS F. KORDIS, SUNNYVALE, CA.								
4				1.			v	
CONTI VERIFI		TIC DATA***** APPLN IS A CON			1/14/96			
371 (VERIFI) DATA*****	*****	***				
VERIFI	ED	IONS********* ENSE GRANTED 05						
		□yes □no □Met aft	•	STATE OR	SHEETS	TOTAL	INDEPENDENT	
35 USC 119 (a		: □yes □no □Met aft	er Allowance	COUNTRY	DRAWING 20	CLAIMS 12	CLAIMS 5	
DANIEI SS FULLEF CO 633 WE CO MILWAU	EXAM D RYAN R RYAN HOHEN EST WISCONSO UKEE WI 5320	FELDT & KEES N AVENUE 3	TEMS					
CARDIA	AC MAPPING A	ND ABLATION SYS	rems			·		
FILING FEE RECEIVED \$954	No	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT NO for the following:			All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			

SERIAL NUMBER		FILING DATE	CLASS	G	ROUP ART UNIT	ATTORNEY DO	ATTORNEY DOCKET NO.	
09/034,5	53	03/03/98	607		3736	1794-B-D	iv-4	
	EDWARDS, LO AN JOSE, CA	OS ALTOS, CA;	THOMAS F.	KORDIS	S, SUNNYVALE,	CA; DAVID	:	
VERIFIED	THIS AP WH WH WH	PLN IS A CON ICH IS A DIV ICH IS A DIV ICH IS A DIV ICH IS A DIV	OF 08/6 OF 08/1 OF 07/9	36,174 68,476 51,157	11/14/96 PAT 04/22/96 ABN 12/16/93 PAT 09/25/92 PAT	5,509,41	9	
VERIFIED	LING LICENS	E GRANTED 05/	14/98					
Foreign Priority claim 35 USC 119 (a-d) co Verified and Acknowl		V		STATE OR COUNTRY CA	SHEETS DRAWING 20	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 5	
w	RYAN AN HOHENFELI VISCONSON A	DT & KEES						
CARDIAC MA	APPING AND A	ABLATION SYST	EMS					
FILING FEE RECEIVED \$954	No	ority has been giv to charge/credit for the	t DEPOSİT A	rcconn.	1.17 Fee	es (Filing) es (Processing I es (Issue)	Ext. of time)	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOC	KET NO.		
09/034,553	03/03/98	607	3736	1794-B-DI	v-4		
STUART D. EDWARDS, LO SWANSON, SAN JOSE, CA		THOMAS F. KORI	DIS, SUNNYVALE,	CA; DAVID			
wн w	PLN IS A CON ICH IS A DIV	OF 08/747,81 OF 08/636,17 OF 08/168,47	11 11/14/96 74 04/22/96 ABN 76 12/16/93 PAT 57 09/25/92 PAT				
371 (NAT'L STAGE) D VERIFIED	ATA******	*****					
FOREIGN APPLICATION	S****						
VERIFIED FOREIGN FILING LICENS	E GRANTED 05/	14/98					
35 USC 119 (a-d) conditions met	yes □no lyes □no □Met afte	1		TOTAL CLAIMS 12	INDEPENDENT CLAIMS 5		
Verified and Acknowledged Examiner's Initials DANIEL D RYAN STEULLER RYAN HOHENFELDT & KEES G633 WEST WISCONSON AVENUE WILLWAUKEE WI 53203 GMILWAUKEE WI 53203 CA							
CARDIAC MAPPING AND	ABLATION SYST	EMS					
No	ority has been giv _ to charge/credi for th	it DEPOSIT ACCO	ONT 1.17 Fe	es (Filing) es (Processing I es (Issue)	Ext. of time)		